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Bib Data Sheet

CONFIRMATION NO. 3942

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/531,821 | <b>FILING OR 371(c) DATE</b><br>04/18/2005<br><b>RULE</b> | <b>CLASS</b><br>455 | <b>GROUP ART UNIT</b><br>2617 | <b>ATTORNEY DOCKET NO.</b><br>09669/064001 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/IB03/04563 10/16/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 02292574.7 10/17/2002

EUROPEAN PATENT OFFICE (EPO) 02293224.8 12/23/2002

|   |                                   |                            |                           |                                |
|---|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>2 | <b>TOTAL CLAIMS</b><br>10 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>ad</i>   |                                   |                            |                           |                                |

**ADDRESS**

22511

**TITLE**

Retention of old mobile number on sim card replacement

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|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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